

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ183811**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MARZANO, CHRIS J		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 18810	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 1200 W VAN BUREN ST	
DATE OF APPOINTMENT 25-OCT-1999	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT 211	BEAT/CALL NO. 4116A	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 1231
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 11-MAR-2016	TIME 19:15:00
HEIGHT 508	WEIGHT 155	DAY OF WEEK FRIDAY	
NO. OF OFFICERS BATTERED <u>1</u>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>10</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input checked="" type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER _____ Attachment <u>7</u> I. BLUNT INSTRUMENT _____			
FIREARM USE INFORMATION			
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE WHITE	DOB 09-SEP-1970	
ORIGINAL CHARGE _____	ORIGINAL IUCR CODE _____	CB NO. 19278198	IR NO.
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		LIGHTING CONDITIONS AT INCIDENT WEATHER CONDITIONS <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>48 °F</u>			

LOG# 1085183
Attachment 7

REPORTING MEMBER - SIGNATURE
MARZANO, CHRIS J

STAR NO.
18810

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
RYLE, JAMES P

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